

JAN #

AME	Docket No.							
AMENDMENT TRANSMITTAL LETTER							2753-0107PUS1	
Application 0/811,809-Co		Filing I March 30	1		Examiner T. J. Brahan		Art Uni 3654	
licant(s): Fra		I March oc	7, 2004		1. 0. Dranan		3007	
ention: TENSI	ONING SYSTE	M FOR A MO	BILE TELESO	COPIC	CRANE			
Amendment nmissioner for . Box 1450 candria, VA 22								
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······································	Claims	Highest	S AS AMENI	יבט				
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present		Rate			
otal Claims	29	- 20 =	9	X	50.00		450.00	
ndependent Ilaims	1	- 3 =	0	x	200.00		0.00	
lultiple Depend	dent Claims (ch	eck if applicabl	le)					
ther fee (pleas	se specify):	Extension for res	ponse within th	nird moi	nth	1	,020.00	
OTAL ADDIT	IONAL FEE FO	OR THIS AME	NDMENT:			1,470.00		
Large Entity		· _ · _ ·	,		Small Entity	P	,	
No addition	al fee is require	d for this amer	ndment.		•			
ੁੱ Please char	ge Deposit Acc	count No.)2-2448 ir	the a	mount of \$			
	copy of this she							
A check in t	he amount of \$	1,470.00	is enclos	sed.				
Payment by	credit card. Fo	orm PTO-2038	is attached.					
The Directo	r is hereby auth	norized to char	ge and credit	Depos	sit Account No	02-	2448	
	d below. A dup	• •	this sheet is e	enclose	ed.			
=	ny overpaymer							
x Charge	ny additional fil	ing or application	n processing f	ees red	quired under 37	7 CFR 1.1	6 and 1.17	
Minh	Myre	n	_		Dated:	January 3	1, 2007	
harles Goren Attorney Reg. I	, ,							
	ART, KOLASC	H & BIRCH I I	ı P					
110 Gatehous	e Road		_1		•			
Suite 100 East P.O. Box 747								
P.O. Box 747	/irginia 22040-	0747						

PTO/SB/17 (07-06)
Approved for use through 01/31/2007. OMB 0651-0032
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/ Under the Paperwork Red	respond to a collection of information unless it displays a valid OMB control number. Complete if Known											
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006				Application Number 10/811,809-Conf. #002842				2				
						March 30, 2004						
				First Named Inventor		Franz PASCHKE						
						T. J. Brahan						
Applicant claims sma			3654									
TOTAL AMOUNT OF PAYMENT (\$) 1,470.00						2753-0107PUS1						
METHOD OF PAYMENT (check all that apply)												
x Check Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17												
FEE CALCULATION												
1. BASIC FILING, SEARC	H, AND EXA	MINATION FEE	s									
	FILIN	G FEES	SE	ARCH FEES	EXAMIN	NATION FEES	;					
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$)				
Utility	300	150	500		200	100						
Design	200	100	100	50	130	65						
Plant	200	100	300	150	160	80						
Reissue	300	150	500	250	600	300						
Provisional	200	100	0	0	0	0						
2. EXCESS CLAIM FEES Small Entity												
Fee Description							Fee (\$)	<u>Fee (\$)</u> 25				
Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 200												
Multiple dependent claim o	-	ig Keissues)					200 360	100 180				
		Eno (\$)	Eoo	Paid (\$)	8.0	ultiple Depend		100				
<u>Total Claims</u> <u>Extra</u> 29 - 20 =		<u>fee (\$)</u> 50.00 =		Paid (\$) 50.00	_							
HP = highest number of total c				0.00		(C (4)	Fee Paid (\$)					
Indep. Claims Extra	a Claims _ f	ee (\$)	Fee	Paid (\$)				_				
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HP = highest number of indepe	endent claims paid	for, if greater than	3 .					_				
3. APPLICATION SIZE FE		1100										
If the specification and d listings under 37 CFR												
sheets or fraction ther					or siliali c	initity) for cach a	idditional 50					
	Extra Sheets			additional 50 or frac	ction therec	f Fee (\$)	Fee P	aid (\$)				
100 =		/50		(round up to a who	ole number)	x	=					
4. OTHER FEE(S)			•. ••				Fees I	Paid (\$)				
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00												
SUBMITTED BY												
	mlin	Love	nt	Registration No. (Atterney/Agent)	29,271	Telephone	(703) 205	i-8000				
Name (Print/Type) Charles	Gorenstein			\		Date	January 3	1, 2007				